

**Issue Classification**

(Assistant Examiner) (Date)

Thong Q. Le 9/21/2005

(Primary Examiner) (Date)

**Total Claims Allowed: 30**

O.G.  
Print Claim(s)

1

O.G.  
Print Fig.

11A

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		
1	(1)			31			91			151		181
2	2			32			92			152		182
3	3			33			93			153		183
4	4			34			94			154		184
5	5			35			95			155		185
6	6			36			96			156		186
7	7			37			97			157		187
8	8			38			98			158		188
9	9			39			99			159		189
10	10			40			100			160		190
11	11			41			101			161		191
12	12			42			102			162		192
13	13			43			103			163		193
14	14			44			104			164		194
15	15			45			105			165		195
16	(16)			46			106			166		196
17	17			47			107			167		197
18	18			48			108			168		198
19	19			49			109			169		199
20	20			50			110			170		200
21	21			51			111			171		201
22	22			52			112			172		202
23	23			53			113			173		203
24	24			54			114			174		204
25	25			55			115			175		205
26	26			56			116			176		206
27	27			57			117			177		207
28	28			58			118			178		208
29	(29)			59			119			179		209
30	30			60			120			180		210